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Committee Name:				
HECK	70	JOE		
If registered, FEC II	D:			
Today's Date:				
8/6/15			_	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

NATHANIEL GARCIA

, Treasurer

20-5 08 19 0N 000-0765

FEC · FORM 1

STATEMENT OF **ORGANIZATION**

,	FEDERAL ELECTION COMMISSION PUBLIC DISCLESSINE DIVISION	<u> </u>
	195 AUG 1,9 OBLE USE ONLY	
	12FF4M5	

1.	NAME OF	
	COMMITTEE (in	full)

NAME OF COMMITTEE (in full)		(Check if name is changed)	example: If typing, type over the lines.	12FE4M5
HECK NO JOE			<u> </u>	<u> </u>
- <u> </u>	11		<u></u>	
ADDRESS (number and street)	<u> </u>	1,7, OTHEL	LO DRIVE	
(Check if address is changed)	لبنا	<u> </u>	<u> </u>	
	<u>LA</u>	S VEGAS .		NV 891211-
-		CITY 🛚		STATE SE ZIP CODE SE
COMMITTEE'S E-MAIL ADDRESS				
☐ ☑ (Check if address is changed)		FO@HECK	MOD, 3QLQM	
	Option	al Second E-Mail Addres	s	
				
COMMITTEE'S WEB PAGE ADDRESS	-			
☐ ☑ (Check if address is changed)	HE	<u>CKNOJOE</u>	<u>,COM, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
	1			
2. DATE 08 1	5] [2015		
3. FEC IDENTIFICATION NUMBE	R	_⊠ C		
4. IS THIS STATEMENT	NE	w (N) OR	AMENDED (A)	
I certify that I have examined this	Stateme	nt and to the best of m	y knowledge and belief it is t	true, correct and complete.
Type or Print Name of Treasurer	N	ATHANIEL	GARCIA	
Signature of Treasurer	γ	i.Ai		Date 08 (06 (2015)
NOTE: Submission of false, erroneous			ubject the person signing this S	itatement to the penalties of 52 U.S.C. §30109.

	Office				For further information contact:
1	Use			Ĭ	Federal Election Commission
	Only		į		Toll Free 800-424-9530

FEC FORM 1 (Revised 06/2012)

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TVD		orm 1 (Revised 02/2009)	Page 2
		COMMITTEE e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Name Cand		CATHERINE CORTEZ MASTO	· -
Cand Party	idate Affiliatio	ion DEM Office Sought: House X Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand		CATHERINE CORTEZ MASTO	11111
		mmittee:	
(d)		(National, State	Democratic, Republican, etc.) F
Poli	tical Ac	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organizatio
		Corporation Corporation w/o Capital Stock	Labor Organizat
		Membership Organization Trade Association	Cooperative
	,	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	ď	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	t Fundi	draising Representative:	
(g)	Ц	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(h)		·	
(h)	Comr	nmittees Participating in Joint Fundraiser	
(h)	Comr	nmittees Participating in Joint Fundraiser	· · · · · · · · · · · · · · · · · · ·
(h)		· · · · · · · · · · · · · · · · · · ·	
(h)	1.		

Write or Type Committee Name

6. Name of A	any Connecte	ed Organization, Aff	iliated Committee, J	oint Fundralsi	ng Representa	ative, or Lea	dership PAC	Sponsor
17161 A	8001	WILLAR	<u> </u>		<u> </u>	1111	1111	<u> </u>
3327	10/11/14/14	actor votes			<u> </u>	111	1111	
Mailing Add	Iress	3317	OTHELLO	92				
·			11111					
		UAS V	EGAS			1 8.	1,1,2,1-	السيسا.
			CITY		STA	ΓE	ZIP COL	DE
Relationshi	o: Conne	ected Organization	Affiliated Committee	Joint Fun	draising Repre	sentative	Leadership I	PAC Sponsor
7. Custodian books and		Identify by name, ad	dress (phone number	optional) ar	nd position of t	the person in	n possession (of committee
Full Name	ΙNΑ	THANIEL	GARCIA				1 1 1 1	1
Mailing Add		13,3,1,7,0	THELLO	DRIVE				
waiing na								
		LASVE	GAS			V 8	9121 -	
Title or Pos	sition		CITY		STATI	E	ZIP COD	DE
TREA	SURE	R	لبيب	Telepho	one number	702	- <u> 204</u> -	1.235
		e and address (phone g., assistant treasure		of the treasure	er of the comm	nittee; and th	e name and a	address of
Full Name of Treasure	. NA	THANIEL	GARCIA		4.1.1.1.1.1			·
Mailing Add	iress	<u> </u>	<u> THELLO</u>	DRIVE	4. l. L. l. l.			
								لببب
		LAS VE	GAS			N 8	<u>91,21</u> ₁₋	
Title or Pos	SILION ASURE	<u>R</u>	CITY	Telepho	STATE		ZIP COE - 204 -	

9.

FEC Form 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent NATHANIEL GARCIA	
Mailing Address 33,1,7, OTHELLO, DRIVE	لحصب
	لبسب
	CODE
Title or Position TREASURER Telephone number 702 - 204	lj- <u>[1,235]</u>
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accessfety deposit boxes or maintains funds.	counts, rents
Name of Bank, Depository, etc.	
BANK OF AMERICA.	·
Mailing Address 4290 S RAINBOW BLVD	
ILAS VEGAS INV 189103	<u>3</u> 1-L
CITY STATE ZIP	CODE
Name of Bank, Depository, etc.	
•	
	
Mailing Address	
	J-[
CITY STATE ZIP	CODE



84121

JEGAS, NJ

OTHELLO



WASHINGTON OFFICE to Box ALVIUS HIL 19 HOLLO

Public

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No Postmark	
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Ne	xt Business Day Delivery
Received from House Records & Registration C	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
	8/19/15
PREPARÉŘ	DATE PREPARED

(3/2015)